OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2003-12

VOTERS REGISTRATION PROCEDURES

AUGUST 29, 2003

Enclosed is material relating to claiming reimbursement of 2002-03 fiscal year costs pursuant to Chapter 704/75, Voters Registration Procedures.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 fiscal year cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the California Consumer Price Index (CA CPI) as provided by the State Department of Finance, Economic Research Unit. The CA CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, 2.4% in 1998-99, 3.2% in 1999-00, 4.3% in 2000-01, 2.9% in 2001-02, and 2.6% in 2002-03.

The county must complete form VRP-1 to determine the amount that can be claimed for the 2002-03 fiscal year. A signed, original form FAM-27C, and all other forms must be submitted. Claims for reimbursement of 2002-03 fiscal year costs must be filed with the State Controller's Office, delivered or postmarked by **October 31, 2003**.

Mailing addresses for filing claims:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 324-5729.

CLAIM FOR PAYMENT
Pursuant to Elections Code Section 2130

VOTERS REGISTRATION PROCEDURES

For State Controller Use Only	**Program**
(16) Program Number 00056	**056**
(17) Date Filed ____/____/____	
(18) LRS Input ____/____/____	

L A B E L   H E R E

	Reimbursement Claim Data
(01) Claimant Identification Number	
(02) Claimant Name	(19)
County of Location	(20)
Street Address or P.O. Box Suite	(21)
City State Zip Code	(22)

Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated ☐	(08) Reimbursement ☐	(23)
	(04) Combined ☐	(09) Amended ☐	(24)
			(25)
			(26)
Fiscal Year of Cost	(05)	(10) **2002/2003**	(27)
Total Claimed Amount	(06)	(11)	(28)
Less: **Prior Claim Payment Received**		(12)	(29)
Net Claimed Amount		(13)	(30)
Due from State	(07)	(14)	(31)
Due to State		(15)	(32)

(33) CERTIFICATION OF CLAIM

In accordance with the Elections Code §2130, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer   Date

Type or Print Name   Title

(34) Name of Contact Person for Claim

Telephone Number   **( ) - Ext.**

E-Mail Address

Form FAM-27C (Revised 08/03)

` **Program** **056**	**VOTERS REGISTRATION PROCEDURES** **Certification Claim Form** **Instructions**	**FORM** **FAM-27C**

(01)   Enter the payee number assigned by the State Controller's Office.

(02)   Enter your Official Name, County of Location, Street or P.O. Box address, City, State, and Zip Code.

(03) to (07)   Leave blank.

(08)   If filing a reimbursement claim, enter an "X" in the box on line (08) Reimbursement.

(09)   If filing an amended reimbursement claim, enter an "X" in the box on line (09) Amended. Leave box (08) blank.

(10)   No entry required.

(11)   Enter the amount of the reimbursement claim from form VRP-1, line III.

(12) to (13)   Leave blank.

(14)   Enter the same amount as shown on line (11).

(15) to (32)   Leave blank.

(33)   Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by a signed certification.**

(34)   Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27C WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

Address, if delivered by **U.S. Postal Service:**	**Address, if delivered by** **other delivery service:**
OFFICE OF THE STATE CONTROLLER **ATTN: Local Reimbursements Section** **Division of Accounting and Reporting** **P.O. Box 942850** **Sacramento, CA 94250**	**OFFICE OF THE STATE CONTROLLER** **ATTN: Local Reimbursements Section** **Division of Accounting and Reporting** **3301 C Street, Suite 500** **Sacramento, CA 95816**

METHOD OF REIMBURSEMENT COMPUTATION
Chapter 704, Statutes of 1975, Voters Registration Procedures
2002-03 Fiscal Year Costs

<div style="border:1px solid black; display:inline-block; padding:10px;">

**FORM
VRP-1**

</div>

County of _____

To complete this form, indicate the number of voters' affidavits processed by source and total in part I. and compute the county's reimbursement using the formula described in part II.

I. Affidavits processed by source:

    a. Number of affidavits processed by MAIL
       (Through postal service) _____

    b. Number of affidavits received over the counter _____

    c. Number of affidavits received through
       Official Deputy Registration _____

    Total number of affidavits processed _____

II. Formula for computing the reimbursement:

    a. Total number of affidavits processed
       (Above) _____

    b. Enter the county reimbursement factor.
       Refer to the schedule on form VRP-2, entitled
       "2002-03 Reimbursement Factors by County -
       Amount Per Affidavit." $ _____

III. Total 2002-03 Reimbursement Claimed $ _____
     (Multiply IIa. Times IIb.)

Form VRP-1 (Revised 8/03)

VOTERS REGISTRATION PROCEDURES

2002-03 REIMBURSEMENT FACTORS BY COUNTY

COUNTY	AMOUNT PER AFFIDAVIT	COUNTY	AMOUNT PER AFFIDAVIT
Alameda	0.428	Orange	0.385
Alpine	2.652	Placer	0.841
Amador	2.652	Plumas	2.652
Butte	0.938	Riverside	0.428
Calaveras	2.652	Sacramento	0.428
Colusa	2.652	San Benito	2.652
Contra Costa	0.428	San Bernardino	0.428
Del Norte	2.652	San Diego	0.385
El Dorado	0.987	San Francisco	0.428
Fresno	0.938	San Joaquin	0.841
Glenn	2.652	San Luis Obispo	0.841
Humboldt	0.987	San Mateo	0.841
Imperial	2.652	Santa Barbara	0.841
Inyo	2.652	Santa Clara	0.385
Kern	0.938	Santa Cruz	0.841
Kings	2.652	Shasta	0.987
Lake	2.652	Sierra	2.652
Lassen	2.652	Siskiyou	2.652
Los Angeles	0.385	Solano	0.841
Madera	2.652	Sonoma	0.841
Marin	0.841	Stanislaus	0.841
Mariposa	2.652	Sutter	2.652
Mendocino	2.652	Tehama	2.652
Merced	0.987	Trinity	2.652
Modoc	2.652	Tulare	0.841
Mono	2.652	Tuolumne	2.652
Monterey	0.841	Ventura	0.841
Napa	0.987	Yolo	0.987
Nevada	0.987	Yuba	2.652